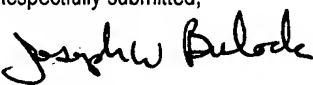


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 10/615809  
 07/08/03



<b>PATENT APPLICATION TRANSMITTAL LETTER</b>	Attorney Docket No.: A-817																														
<p>To the Commissioner for Patents:</p> <p>In re the patent application of: Huang et al.</p> <p>For: SUBSTITUTED ANTHRANILIC AMIDE DERIVATIVES AND METHODS OF USE</p>																															
<p>Transmitted herewith are:</p> <p><input checked="" type="checkbox"/> 184 pages of specification, 18 pages of claim(s) and 1 pages of abstract, totaling 203 pages.</p> <p><input type="checkbox"/> _____ sheet(s) of drawings.</p> <p><input checked="" type="checkbox"/> an unsigned declaration by the applicant(s).</p> <p><input type="checkbox"/> _____ pages of sequence listing.</p> <p><input type="checkbox"/> a certified copy of _____</p> <p><input checked="" type="checkbox"/> Assignee will be Amgen Inc.</p> <p><input type="checkbox"/> Preliminarily, please amend the specification by inserting before the first line the following: --This application claims the benefit of U.S. Provisional Application No. 60/395,144 filed July 9, 2002 which is hereby incorporated by reference.--</p>																															
<b>CLAIMS AS FILED</b>																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">For</th> <th style="text-align: left; padding: 2px;">Number Filed</th> <th style="text-align: left; padding: 2px;">Number Extra</th> <th style="text-align: left; padding: 2px;">Rate</th> <th style="text-align: left; padding: 2px;">Fee</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 2px;">Total Claims</td> <td style="text-align: left; padding: 2px;">45</td> <td style="text-align: left; padding: 2px;">- 20 = 25</td> <td style="text-align: left; padding: 2px;">x \$18.00</td> <td style="text-align: left; padding: 2px;">= \$ 450.00</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Independent Claims</td> <td style="text-align: left; padding: 2px;">2</td> <td style="text-align: left; padding: 2px;">- 3 = 0</td> <td style="text-align: left; padding: 2px;">x \$84.00</td> <td style="text-align: left; padding: 2px;">= 0.00</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Multiple Dependent Claims</td> <td style="text-align: left; padding: 2px;">0</td> <td style="text-align: left; padding: 2px;"></td> <td style="text-align: left; padding: 2px;">+ \$280.00</td> <td style="text-align: left; padding: 2px;">= 0.00</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Basic Fee</td> <td colspan="3" style="text-align: left; padding: 2px;"></td> <td style="text-align: left; padding: 2px;">\$750.00 = \$750.00</td> </tr> <tr> <td colspan="3" style="text-align: right; padding: 2px;"></td> <td style="text-align: left; padding: 2px;">Total Filing Fee</td> <td style="text-align: left; padding: 2px;">\$1,200.00</td> </tr> </tbody> </table>		For	Number Filed	Number Extra	Rate	Fee	Total Claims	45	- 20 = 25	x \$18.00	= \$ 450.00	Independent Claims	2	- 3 = 0	x \$84.00	= 0.00	Multiple Dependent Claims	0		+ \$280.00	= 0.00	Basic Fee				\$750.00 = \$750.00				Total Filing Fee	\$1,200.00
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<p><input checked="" type="checkbox"/> Please charge Deposit Account No. 01-0519, in the name of Amgen Inc., in the amount of <u>\$1,200.00</u>. An original and one copy are enclosed.</p> <p><input checked="" type="checkbox"/> Throughout the prosecution of this application, if any extension of time is necessary, please consider this a request therefor.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional filing fees which may be required by the accompanying application, any additional fees which may be required during pendency of this application as required by 37 CFR 1.16 or 1.17, or credit any overpayment to Deposit Account No. 01-0519 throughout the prosecution of this application.</p>																															
Respectfully submitted,  Joseph W. Bulock Attorney/Agent for Applicant(s) Registration No.: 37,103 Phone: (805) 447-7966 Date: July 8, 2003																															
<p>Please send all future correspondence to:</p> <p>U.S. Patent Operations/JWB                      Dept. 4300, M/S 27-4-A                      AMGEN INC.                      One Amgen Center Drive                      Thousand Oaks, California 91320-1799, USA</p> <p style="text-align: center;">   <b>21069</b>  <small>PATENT TRADEMARK OFFICE</small> </p>																															

#### EXPRESS MAIL CERTIFICATE

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Date of Deposit:

July 8, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.16 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Sherry St. Andrew

Printed Name

Signature

